

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/30/03</u>		2 Serial/Patent # <u>09/038470</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	17/19	10/1/02	\$ 130.00							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
10 REASON:		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
<input type="checkbox"/>	Overpayment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>2</td><td>3</td><td>--</td><td>3</td><td>0</td><td>5</td><td>0</td></tr> </table>			2	3	--	3	0	5	0
2	3				--	3	0	5	0		
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
HLD ABN Withdrawn											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>GILLON</u>		TITLE: <u>ATTY</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>305-9199</u>									
OFFICE: <u>FOI</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>1/31/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B